

### **Amendments to the Drawings**

The attached sheets of drawings includes changes to Figs. 6-9. These sheets, which include Figs. 6-9, replaces the original sheets including Figs. 6-9.

Attachment: Replacement Sheets

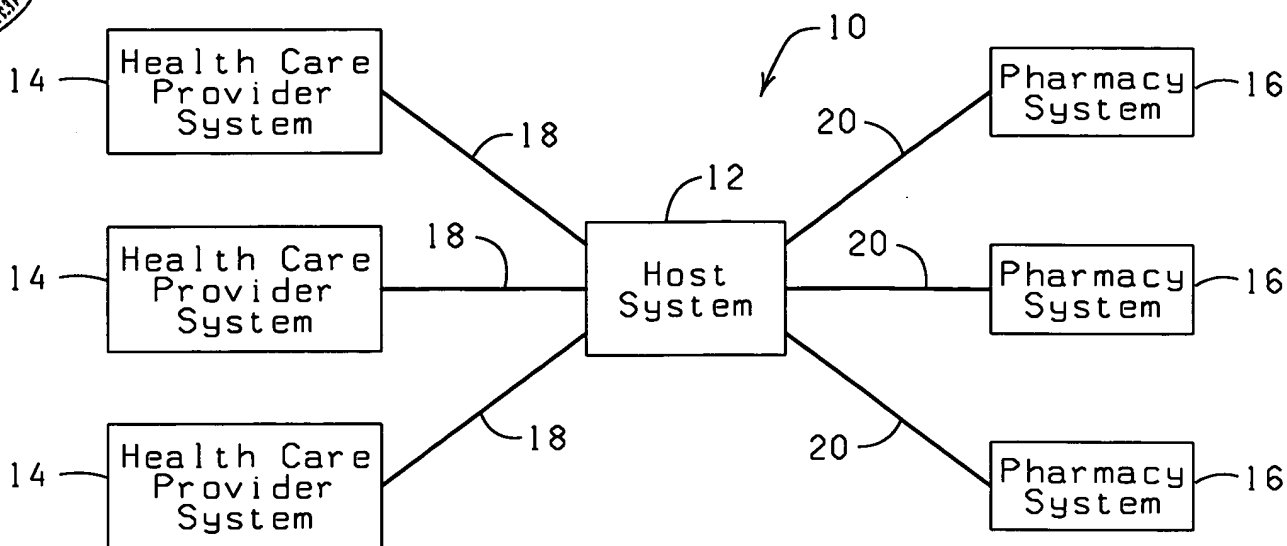


FIG. 1

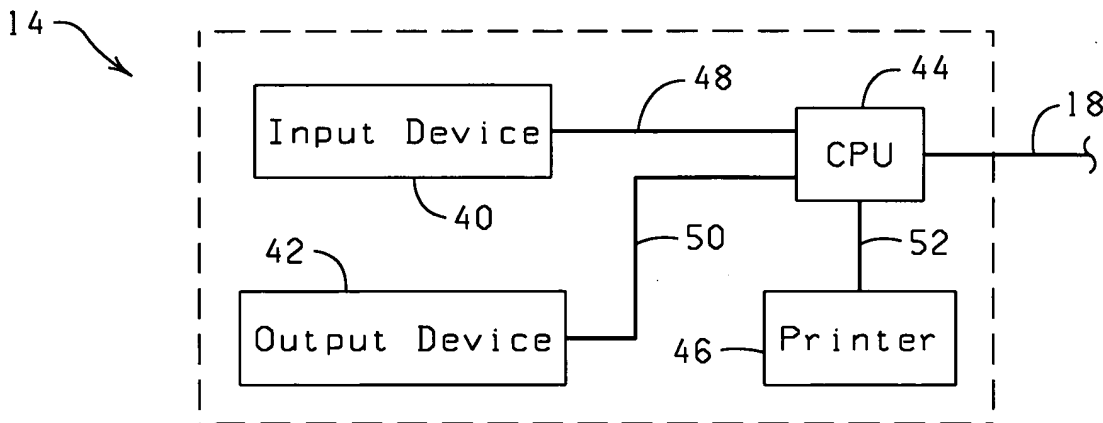


FIG. 2

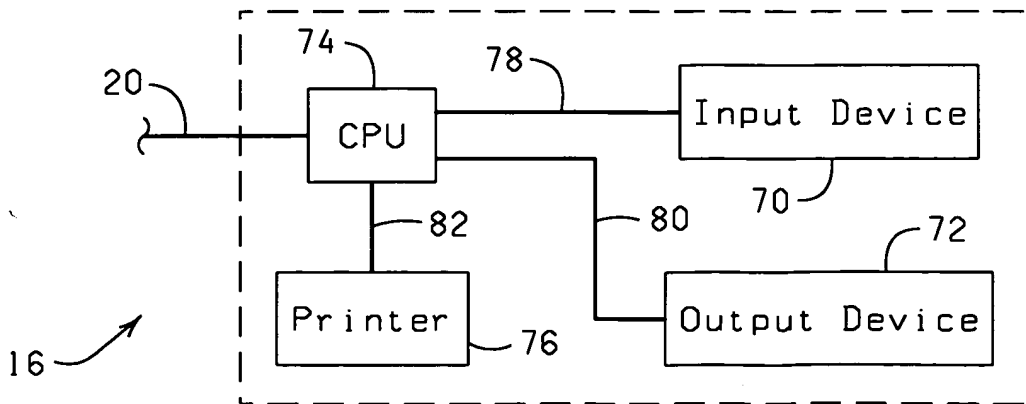


FIG. 3

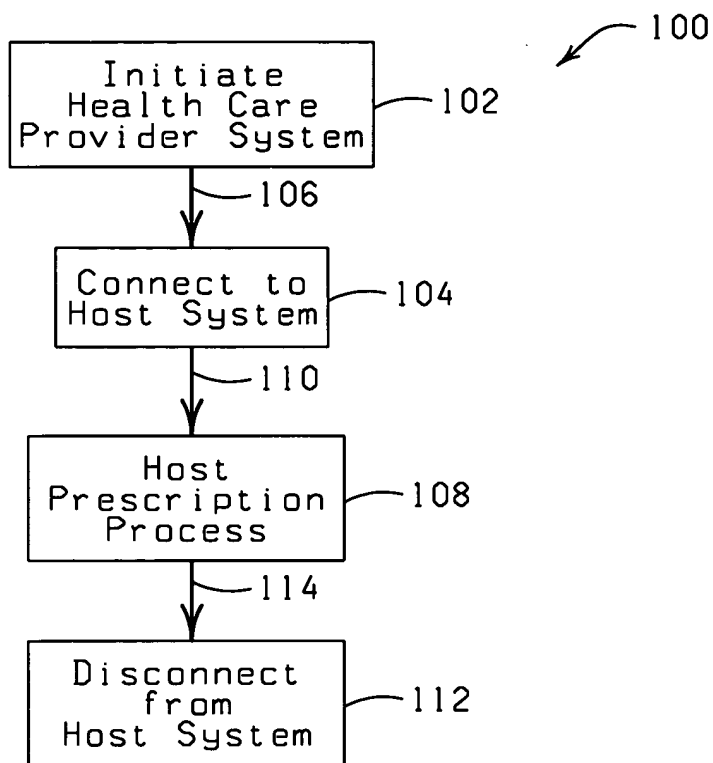


FIG. 4

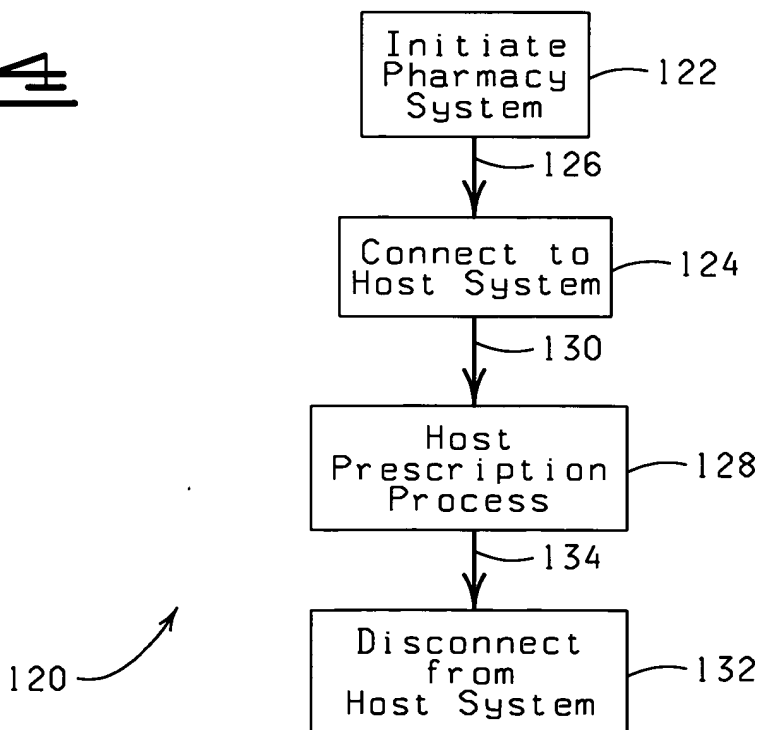


FIG. 5

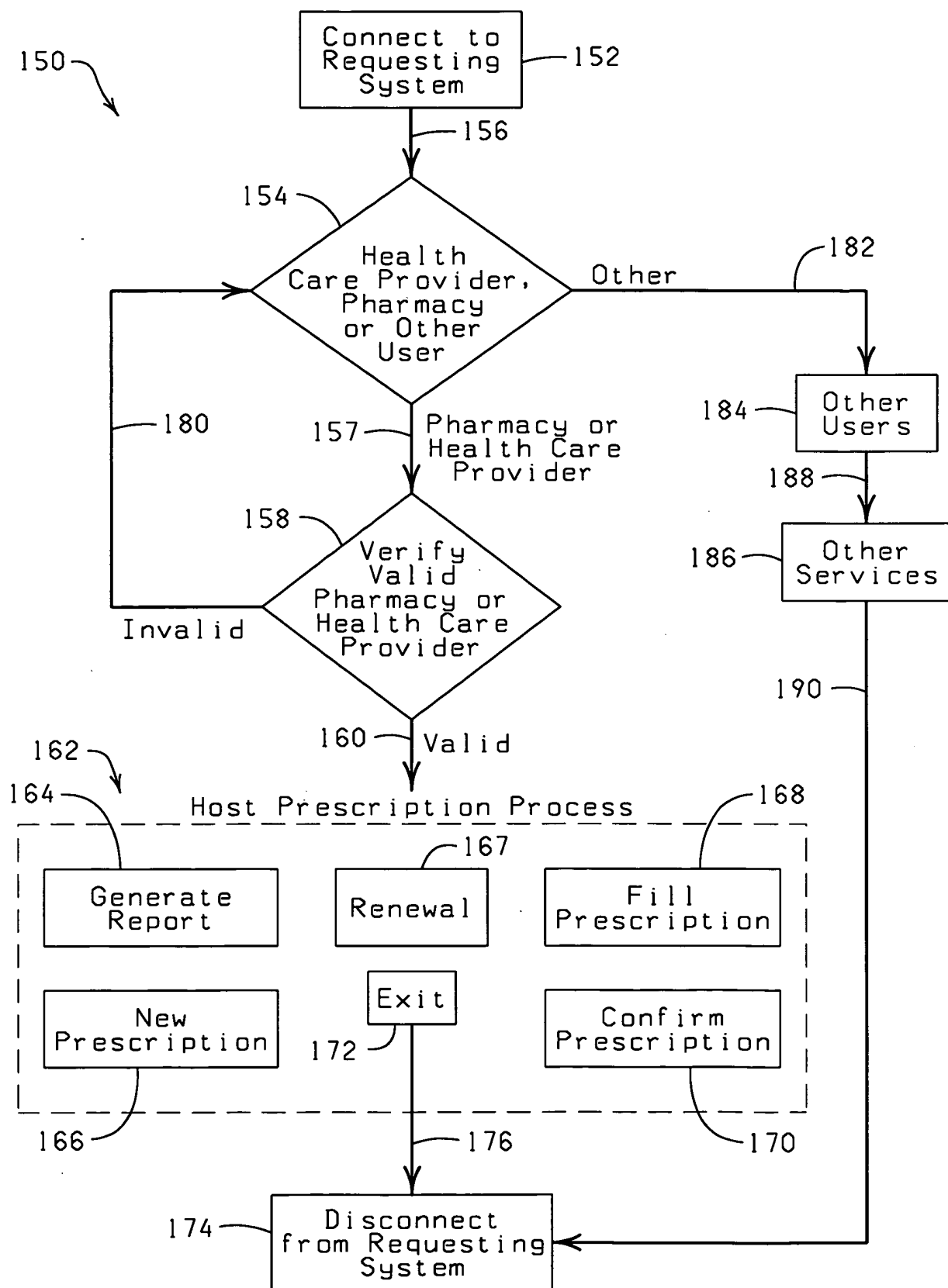


FIG. 6

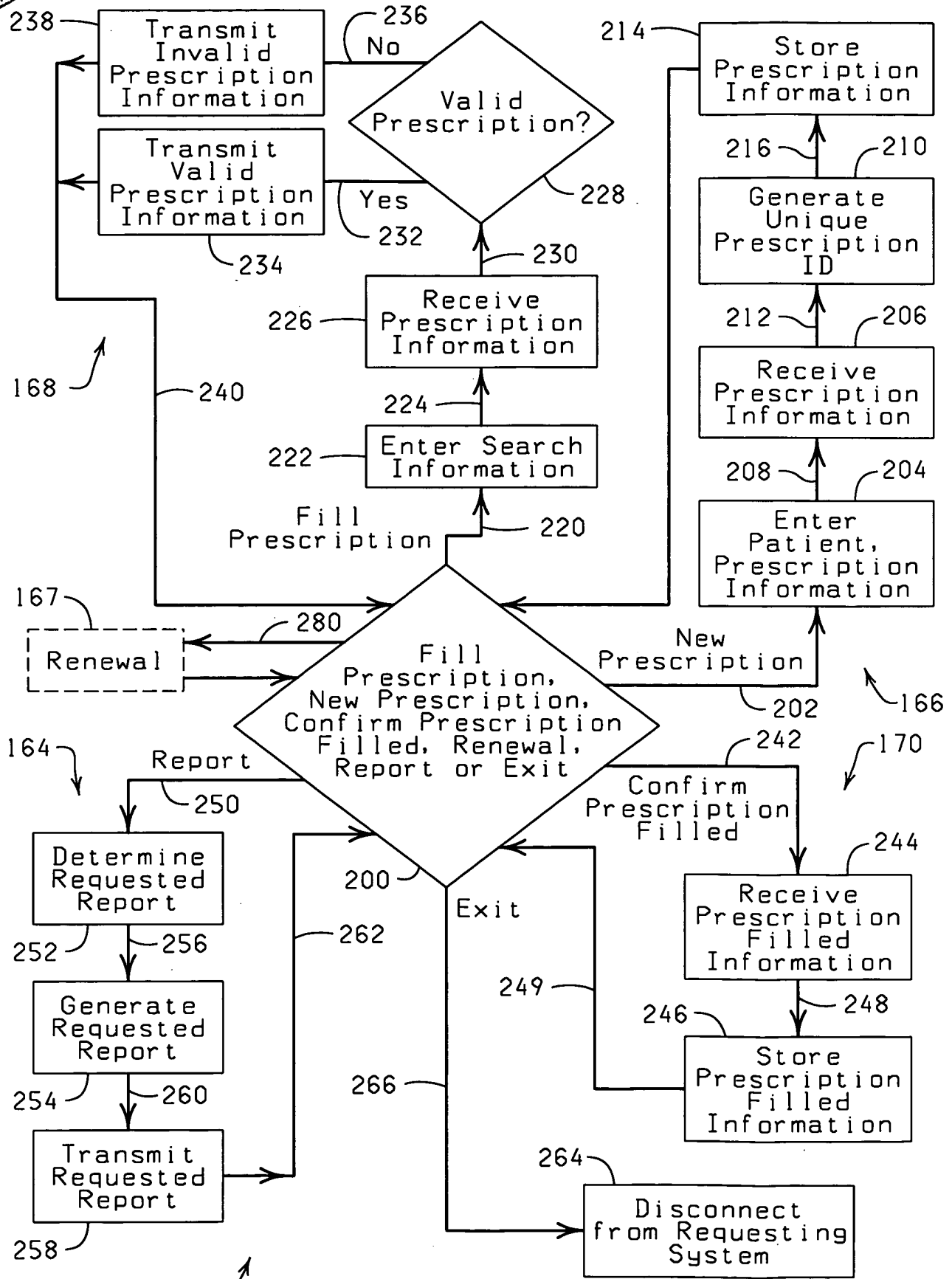


FIG. 2



314 302 316 300

Prescription#: 12345-678-9101 Status: Filled

Step 1: Patient Information

First Mid Int Last  
Patient Name: John J Doe  
Social Security Number: 1234-56-7891  
Date of Birth: 01/23/1972 MM/DD/YYYY  
Gender: M  
Medical Record #: 567  
Consent form signed: Yes Consent Form

304 → This patient has allergies. ☐ Report

Step 2: Issuing Practitioner

First Last  
Practitioner Name: Test Doc  
DEA #: 999999  
State License #: 987654

306 →

Step 3: Prescription Information

Medication: Acarbose  
Strength: 250mg  
Quantity: 30  
Total Quantity: 150  
SIG: Take one tablet by mouth once daily  
Number of Refills: 4  
Allow Generic: False  
Prescription Confirmed: True

308 →

FIG. 3A



Express Mail No.: EV318424312US Deposited: 06/06/2003  
Serial No.: 09/632,808  
Title: PRESCRIPTION VERIFICATION SYSTEM  
Inventor: Lawrence A. Dency Group: 3626  
Filed: August 4, 2000 Examiner: V. Frenel  
Attorney: Marc A. Brockhaus Dkt. No.: 1950.006

SHEET 6 OF 7

310 →

Step 4: Activity Status

Total Quantity Filled: 150

Refills to Date: 5

Date of Last Refill: 11/10/99 10:48:58 AM PST

Date of Last Partial:

312 →

Step 5: Request for Renewal

Date: 318

Refill Qty. Authorized: 322

Authorization Code: 320

Qty. Filled:

326 — Message 1: 324

328 — Message 2:

330 —   332

FIG. 8B

